Ananth Shenoy – Cannabis (Workshop, 7:15 Friday)

A patient asks you if a THC/CBD cannabis product is likely to help with one of their chronic conditions. *Based on best medical evidence, which of the following conditions has reasonable evidence-based support for use?*

A. Major Depressive Disorder
B. Chronic anxiety
C. Insomnia
D. Chemotherapy induced nausea and vomiting

Which of the following statements best describes the status of medical cannabis in Washington state?

A. Clinicians can prescribe cannabinoids by completing a form and sending it to a medical dispensary
B. Clinicians can prescribe cannabinoids but only after they have obtained specific certification and when treating approved diagnoses
C. Clinicians may attest that they have thoroughly examined and counseled a patient on risks and benefits of cannabinoids to treat specific symptoms and conditions and patients can take that attestation to a medical dispensary themselves
D. Clinicians should not discuss cannabinoid use with patients as it is classified as Schedule I and therefore has no safe clinical use

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Savitha Subramanian – Beyond Metformin (9:30 Friday)

A 66 year old male presents for a visit. He notes that he has gained 15 lbs over the past 2 years due to decreased physical activity due to working from home. He has a h/o coronary artery disease 10 years prior treated with a drug eluting stent and takes atorvastatin 80mg. His BMI is 32, you note central adiposity and otherwise unremarkable exam. On laboratory testing, HbA1C is 8.2% with a fasting glucose of 175mg/dL, eGFR >60, creatinine 0.8mg/dL. You diagnose new onset type 2 diabetes.

In addition to referral to diabetes self-management education, which of the following therapies would you add?

A. Metformin
B. Empagliflozin
C. Semaglutide

D. Insulin glargine

A 57 year old woman with 10 years of type 2 diabetes has had gradually rising A1C values over the past year from 6.8% to 8%. She takes extended-release metformin 2000mg daily without missed doses. She has hypertension treated with losartan 50 mg. After discussion you initiate empagliflozin 10mg and she returns in 2 months for a follow up. She notes urinary frequency but otherwise is happy that she has lost 4 lbs. Laboratory testing reveals creatinine of 1.3 (up from previous value of 0.85 mg/dL), eGFR 59.

Which of the following is the best next step?

A. Discontinue empagliflozin and switch to dapagliflozin
B. Discontinue empagliflozin and switch to linagliptin
C. Decrease metformin dose to 1000mg daily
D. No change to her medication regimen is required at this time

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Caitlin Allen – Women's Health (11:45 Friday)

A 46yo cis-female presents to your office to discuss "checking my hormones". She is a lifelong non-smoker with no significant past medical history other than a MCL repair in college. She takes a vitamin D and collagen supplement. Her periods have become irregular, anywhere from 23 days to 45 days which is bothering her. She denies heavy and painful periods. Her husband had a vasectomy. She is status post two vaginal deliveries and has two living children who are both out of the house. She notes mood swings, easy tearfulness, and trouble sleeping nearly every night. She thinks she has had some hot flashes, but describes the feeling as "intolerant to temperature changes." She is concerned about how tired she feels all the time. Her mother went through menopause at 49. Her physical exam including vital signs, BMI and pelvic examination are within normal limits. TSH checked at last year's physical was normal.

Which of the following would be the best treatment for her symptoms:?

A. Zolpidem PRN nightly
B. Estradiol vaginal ring with 7.5mcg/day, "Estring"
C. Duloxetine 30mg daily
D. Combined hormonal contraception pill with ethinyl estradiol (EE) 20mcg

Simha Reddy - Health Equity for Unhoused Patients (1:45 Friday)

Based on a study in Santa Clara County spanning 2011-2019, the standardized mortality ratio for people experiencing homelessness, as compared to the general population, was:

A. 1.2
B. 1.8
C. 2.4
D. 3.8

A 60-year-old man living outside presents to the emergency room with a chief complaint of acute onset chest pain. An EKG and troponins reveal an ST-elevation myocardial infarction.

In a population of similar patients, what percentage is likely to undergo coronary angiography?

A. 85%
B. 75%
C. 65%
D. 55%

Doug Paauw – Medical Myths (4:20 Friday)

A 59 yo man is admitted with abdominal pain. He has a history of pancreatitis. A contrast CT scan is ordered. He reports a history of severe shellfish allergy when the radiology tech asks as he is checked in for the procedure. You are paged regarding what to do.

Which is the next best step?

A. Continue with scan as ordered
B. Switch to MRI scan
C. Switch to MRI scan with gadolinium
D. Continue with CT with contrast, give dose of solumedrol
E. Continue with CT with contrast give IV diphenhydramine

Ananth Shenoy & Delaney Goulet – Complex Home Care (Workshop, 7:15 Saturday)

All of the following are differences between Traditional Medicare and Medicare Advantage except for:

A. Medicare advantage plans have capitated payment models in contrast to the fee for service of traditional Medicare
B. Medicare advantage plans sometimes include extra benefits like funding for gym memberships, coverage of OTC medications or funding for transport to medical visits
C. Dual eligible Special Needs Plans (D-SNP) are Only available with Medicare advantage plans
D. Medicare advantage plans may limit where patients can receive covered care

A patient considering enrollment in hospital at home for cellulitis asks you (their provider) which outcome to expect for Hospital at Home Medicare patients when comparing their admissions to traditional brick-and-mortar Medicare hospital care?

A. Shorter length of stay
B. Reduced inpatient readmission rates
C. Reduced mortality in Hospital at Home patients
D. Reduced caregiver stress

Asma Siddique – Fatty Liver Disease (Workshop, 7:15 Saturday)

A 32-year-old female has hepatic steatosis noted incidentally on imaging. She denies alcohol use, or prior history of liver disease or any family history of liver disease.

She is not on any medications and denies taking any supplements. Exam shows normal blood pressure and no hepatomegaly or stigmata of chronic liver disease.

Blood work reveals ALT 23, AST 21, Alkaline phosphatase 130, Total bilirubin 0.8. HCV antibody nonreactive, and HBsAg nonreactive, Ferritin 482 and iron percent saturation 30%

What is the diagnosis?

A. Metabolic dysfunction-associated steatotic liver disease (MASLD)
B. Metabolic dysfunction-associated steatohepatitis (MASH)

C. Hemochromatosis
D. Additional information is needed to determine the diagnosis

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Radhika Narla: Osteoporosis (8:30 Saturday)

68-year-old female (she/her) with ulcerative colitis, a history of prior glucocorticoid use for years but now on infliximab, who comes to you with recent compression fractures after workup of back pain. She has a family history of her mother being diagnosed in her 60s with osteoporosis. Menopause at age of 49. She continues to smoke half a pack of cigarettes a day for 25 years and has history of low vitamin D levels in the past. She has Type 1 diabetes mellitus with A1c 8.2 and sustained a Myocardial Infarction (MI) 10 months ago. Osteoporosis was diagnosed after spinal Xray imaging followed by DXA. Her DXA scores are below. She has never had osteoporosis treatment. On exam BP 134/92, height is 62 inches, and weight is 109lbs with BMI 19.9 kgm2. She reports losing 3 inches in height. She is in no apparent distress. No oral erythema or noted gum problems. She can rise from the chair without arm support. Gait grossly normal in clinic with no imbalance with turning.

DXA: L1-L2 T score -3.5; radiology notes DJD in L3 and L4

Xray: L1 and L2 compression fractures (prior imaging 2 years ago did not report any fractures on X-rays or CT scans)

Femoral neck Left T score -2.7

Left Hip -3.4

Calcium and vitamin D intake are adequate on review. Current Vitamin D 25OH 33ng/ml. Secondary osteoporosis work up including 24-hour urine studies negative. She does not recall a fall or moment she could have sustained those spinal fractures. She lives alone in a 2-story home. She is s/p physical therapy after her MI admission.

Which is the best treatment option for this patient?

A. Aledronate
B. Romozosumab
C. Denosumab
D. Teriparatide

67 yo male (he/him) presents for follow up of known osteoporosis. Lowest T score -2.9 in right femoral neck and no prior fracture history. He was advised about PTH analogues but declined as it's a daily injection. He also was hesitant around IV Zoledronic acid infusions. He was initiated on denosumab every 6 months, 4 years ago. Tolerating them without hypocalcemia, gum or teeth problems and has not missed a dose. However, he now comes

to you and says he is worried about taking this drug, long term side effects and wishes to come off it. The most recent DXA after 8 total injections now shows T score at right femoral neck -2.2 (same DXA machine). No new falls. No major changes in medical conditions.

Which of the following is the best medication to discuss and transition patient off denosumab?

A. Start Teriparatide
B. Start oral alendronate
C. Start Romozosumab
D. Start IV Zoledronic acid

Sara Jackson – Writing patient-centered notes in a time of open health records (Workshop, 1:45 Saturday)

In a randomized study mental health providers were asked to read a vignette containing one of two terms, "substance abuser" or "person with substance use disorder."

Participants reading the vignette with "substance abuser" were more likely to agree with which of the following statements?

a. "His problem is caused by a reckless lifestyle"
b. "He should be given some kind of jail sentence to serve as a wake-up call"
c. "His problem is caused by poor choices that he made"
d. All of the above

Carol Wysham - Continuous Glucose Monitors (Workshop, 1:45 Saturday)

Which of the following metrics for continuous glucose monitoring are recommended for most people with diabetes mellitus? (TIR = time in range, TBR = time below range)

A. TIR>70%, TBR <4%, A1c < 7%
B. TIR >70%, TBR < 1%, Average glucose < 150
C. TBR > 50%, TBR < 1%, Average glucose < 180
D. TIR > 70%, TBR < 4%, Average glucose < 150

Continuous glucose monitoring is covered for all insulin treated patients with T2 diabetes in which of the insurance programs?

A. Medicare
B. Medicaid
C. Commercial

Randomized controlled clinical trials of CGM have been shown to be associated with reduction in A1c, without intensive self- management education.

A. True
B. False

Chris Knight - New Drugs (4:30 Saturday)

A 67 year year old patient comes in for an annual wellness visit. They got a PPSV-23 (*Pneumovax*) shot from the pharmacy when they turned 65 and have had no other immunizations for pneumococcal disease. They saw an ad on TV for a "new pneumonia vaccine" and wanted to know your thoughts about it.

Which is the most accurate statement about the new 21-valent pneumococcal conjugate vaccine (PCV-21, Capvaxive)?

A. It covers the same pneumococcal serotypes as existing PCV-20 and PPSV-23 vaccines.
B. Current ACIP/CDC recommendations treat PCV-21 as equivalent to PCV-20.
C. PCV-21 has been shown to be more effective in head-to-head clinical trials.
D. This patient doesn't need any further immunization.